

PLEASE WRITE LEGIBLY OR YOUR APPLICATION WILL NOT BE ACCEPTED**Application must be submitted with a copy of signed lease**Block _____ Lot _____ Taken By _____
Rental Certificate of Occupancy Application
Township of Lakewood

Address to be inspected: _____ Unit: _____

Owner: _____ Address: _____
(I.D. Required) (No P.O. Boxes) City, State & Zip

Phone: () _____

Agent/Contact: _____ Address: _____
(I.D. Required) (No P.O. Boxes) City, State & Zip

Phone: () _____

Date Expected to Occupy: _____ Date of Inspection: _____

New Tenant Name: _____ Number of Occupants: _____

Previous Rent: _____ New Rent: _____ Number of Bedrooms: _____

Any Outstanding Permits? ☐ Yes ☐ NoIs there any Construction being done that requires a permit? ☐ Yes ☐ NoLandlord to Furnish:Water: ☐ Yes ☐ No Gas: ☐ Yes ☐ No Electric: ☐ Yes ☐ NoSewer/Septic Service: ☐ Yes ☐ No Well: ☐ Yes ☐ No

* Certification of Landlord's Registration must be filed with the Township Clerk in compliance with N.J.S.A 46:8-28. This information must be updated as necessary to keep all information current. This information must also be furnished to the tenant.

I HEREBY CERTIFY THE ABOVE INFORMATION IS CORRECT AND THAT THE CERTIFICATION OF THE RENT IS POSTED WITH THE TOWNSHIP CLERK PURSUANT TO R.C.O. 13A-16

SIGNATURE _____ PRINT _____
OWNER OR DESIGNATED AGENT

***Note: All items above must be completed or application will not be processed
FOR OFFICE USE ONLY

Application Received: _____ Fee Paid: _____

C.O. # _____ Approved: _____

Inspector: _____

Refused: _____ Date of inspection: _____

Re-inspection Fee Paid: _____ Amount: _____

Re-inspection fee is \$30.00

EFFECTIVE 03/12/2012